

Tobacco control in VHA: VA/DoD guidelines

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Tobacco control: VA experience

1. **The patient**
2. Available treatments
3. The provider
4. VA guidelines
5. Summary



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VA patients do smoke more

- Prevalence of smoking 30% among male and female VA users
- Age-adjusted prevalence (33% VA vs. 23% non-VA)
- VA users much more likely to be heavy smokers (7.4% VA vs. 3.5% non-VA)



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VA smokers interested in quitting

- 1999 - 65% quit at least 1 day in last year
 - VA much higher than non-VA (34%)
- 2002 - 61% tried to quit in last year
 - 55% among daily smokers
 - 83% among irregular smokers



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What works: VA/DoD guidelines

- Behavioral therapy effective (level A)
- NRT, bupropion effective (level A)
 - INDEPENDENT of intensity of counseling
- Self-help
 - Slightly effective by itself (level B)
 - May not add to other approaches (level C)
 - Still worthwhile as time-saver



Behavioral therapy (PHS guidelines)

- Number of sessions
- Duration of sessions
- Approach



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Number of sessions

	Odds ratio	Abstinence rate
0-1	1.0	12%
2-3	1.4 (1.1-1.7)	16%
4-8	1.9 (1.6-2.2)	21%
>8	2.3 (2.1-3.0)	25%

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Duration of sessions

	Odds ratio	Abstinence rate
No contact	1.0	11%
<3 minutes	1.3 (1.01-1.6)	13%
3-10 minutes	1.6 (1.2-2.0)	16%
>10 minutes	2.3 (2.0-2.7)	22%

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Counseling approach

	Odds ratio	Abstinence rate
No counseling	1.0	11%
Intra-treatment social support	1.3 (1.1-1.6)	14%
Extra-treatment social support	1.5 (1.1-2.1)	16%
Problem solving	1.5 (1.3-1.8)	16%
Rapid smoking	2.0 (1.1-3.5)	20%

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Problem solving

- Recognize danger situations
- Develop coping skills
- Provide basic information

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Intra-treatment social support

- Encourage patient in the quit attempt
- Communicate caring and concern
- Encourage patient to talk about quitting process

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Extra-treatment social support

- Train patient in support solicitation skills
- Prompt support seeking
- Clinician arranges outside support

Treating tobacco use and dependence. A clinical practice guideline.
Public Health Service. 2000 Jun.

Rapid smoking

“Smoke until you hurl”



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No evidence for...

- Tapering
- Acupuncture
- Hypnosis
- Herbal medicine



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Treatment

- Bupropion
 - Many experts switching now from bid to qd dosing
 - 150 mg qd x 8 weeks
 - Start 1 week before quit date
- Nicotine patches
 - 21mg, 14mg, 7 mg
 - Taper over 8-12 weeks
- Other NRT
 - Nasal spray, inhaler, gum, lozenge

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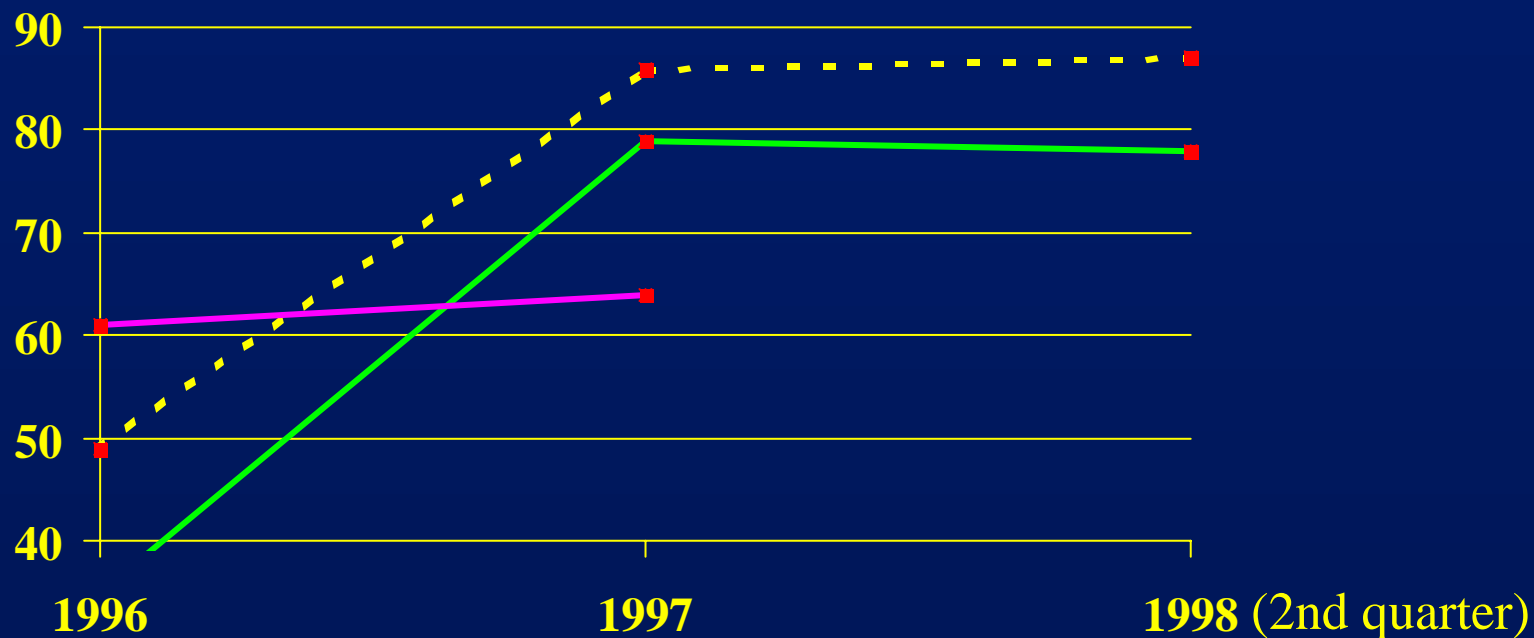
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PHS guideline for clinicians

- **Ask** - Systematically identify all tobacco users at every visit
- **Advise** - Strongly urge all smokers to quit
- **Assess** interest in quitting
- **Assist** patients in quitting smoking
- **Arrange** follow-up

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VHA vs. private sector



- ■ - VA - Ask about smoking

— ■ — VA - Advise to quit

— ■ — NCQA - Advise to quit

VA is doing a great job at asking and advising smokers to quit

- Chart review (EPRP)
 - ~95% asked about smoking
 - ~95% of smokers advised to quit
 - 74% advised to quit at least 3 times
- Patient survey
 - 81% report being asked about smoking
 - 72% report being advised to quit

But VA treatment rates are low...

VA Large Health Survey (1999)

- 28% report being treated or referred
- 83% report needed services to quit but did NOT get them

Jonk et al (2004)

- 7% of smokers received Rx in prior year



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VA/DoD Key Point #1

- Every patient interested in quitting should receive...
 - Counseling
 - Pharmacotherapy
 - Follow-up



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VA/DoD Key Point #2

- Provider and patient should...
 - Discuss available treatment options
 - Arrive at a *shared* decision
 - Choose the most intensive treatment patient is willing to attend



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VA guidelines

Strategy	Counseling	Rx?	Provided by
Minimal	1 session	Yes	PC or MH provider Other health care team members
Intermediate	2-3 sessions	Yes	Quit Line PC or MH provider
Intensive	≥ 4 sessions	Yes	Cessation program Quit Line PC or MH provider

Treatment options

Success rates

Treatment approach	Success rates	
	Short-term	Long-term
Smoking cessation programs	30-40%	15-20%
Telephone QuitLines	30-40%	15-20%
Primary care-based treatment	10-20%	7-10%



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Telephone counseling

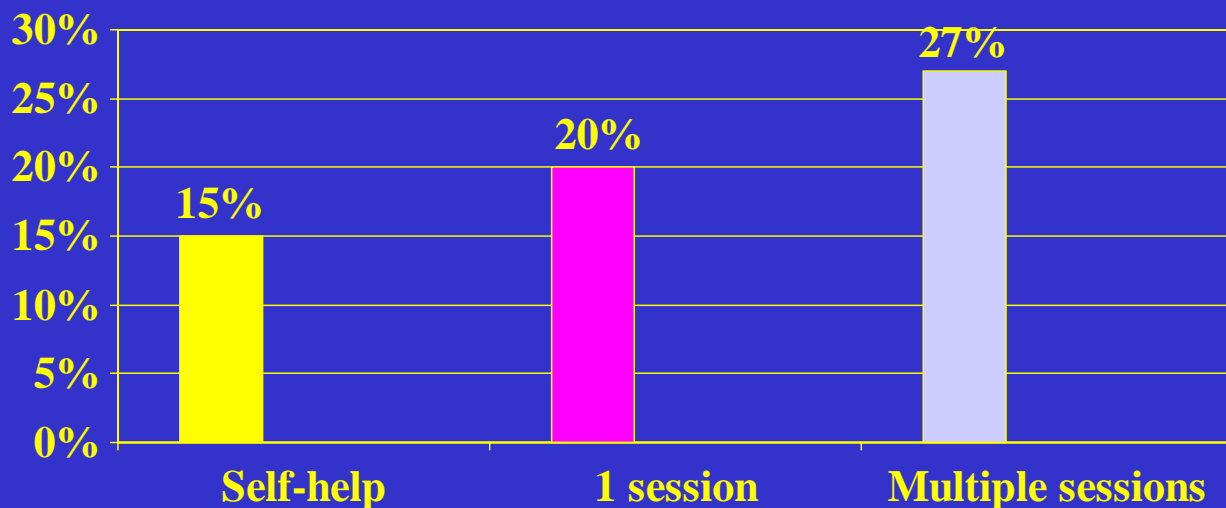
- Now available in 40 states
- California was first
- 1-800-NO-BUTTS
- Funded by 1988 tobacco tax
- Provider can counsel and then refer



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Telephone counseling

Abstinence rate among those making a quit attempt



Zhu SH et al. J Consult Clin Psychol. 1996; 64: 202-11.



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The patient

- VA patients are interested in quitting
- More than half try to quit each year



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Available treatments

- Medications
 - Nicotine patches, other NRT
 - Bupropion
- Counseling
 - Problem solving
 - Intra-treatment social support
 - Extra-treatment social support



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The provider

- Doing well at asking and advising
- Need to focus on increasing rates of treatment



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